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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals Illinois Attorney General's Office, 100 West Randolph - 12th Floor Chicago, IL 60601</p>		<p>B. Received by (Printed Name) <b>RECEIVED</b> <b>APR 30 2008</b> Office Of The Attorney General Office Services</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee)</p>		<p><input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

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